

For Office Use:

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Building Control – IQP Renewal Application for Acceptance as an Independent Qualified Person (IQP) (Form 1)

1. APPLICANT DETAILS

IQP Approval Number 110/_____/_____

Full Name

Company

Position

2. CONTACT DETAILS

Home Address

Address _____

Postcode _____

Telephone _____

Email _____

Preferred mailing address

Address to be shown on register(s) if authorised

Business Address

Address _____

Postcode _____

Telephone _____

Email _____

Home

Business

Home

Business

3. DETAILS OF INDEMNITY INSURANCE (Including any limitations or exclusions. Public Liability needs to be equal to or more than \$2m, Professional Indemnity needs to be adequate for the level of work undertaken) *Please attach a copy and brief description below.

4. STATEMENTS Please provide three supporting quality assurance statements completed in the 12 months prior to the anniversary renewal date. Attach details / copies, for example, 12A Form, Verification Procedures, Testing Methods

1)
2)
3)

5. QUALITY ASSURANCE

5.1	Are you/your organisation accredited in a recognised quality standard eg: ISO/IANZ If so please provide a description and a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Does your organisation do peer review or design work for other organisations? (If yes, please explain process you use for peer review and supporting documents)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If yes to Q 4.16, are any of these organisations building consent authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	Is any measuring equipment you use regularly calibrated? (If yes, please explain the process you use and include description of equipment, how it is calibrated and any supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. APPLICATION DECLARATION

<input type="checkbox"/>	I am applying for approval by Hamilton City Council to accept me as an IQP and include me on their IQP list. I understand that Council may cancel my approval at any time, subject to written notification
<input type="checkbox"/>	I certify that all information on this application form and in my portfolio of evidence is true and accurate.

Signature _____ Date _____

Please send your completed application to

IQP Renewals
Building Control Unit
Hamilton City Council
Private Bag 3010
Hamilton 3240

Phone: 07 838 6643
Fax: 07 838 6445
Email: iqprenewals2018@hcc.govt.nz